POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S	993	3.29.01
RESPONSE FORMALITY REVIEW	M	825	6/13/01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Final	Original	Date					
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	32						
	33						
	34						
	35						
	36						
	37						
	38						
	39						
	40						
	41						
	42						
	43						
	44						
	45						
	46						
	47						
	48						
	49						
	50						

Final	Original	Date					
	51						
	52						
	53						
	54						
	55						
	56						
	57						
	58						
	59						
	60						
	61						
	62						
	63						
	64						
	65						
	66						
	67						
	68						
	69						
	70						
	71						
	72						
	73						
	74						
	75						
	76						
	77						
	78						
	79						
	80						
	81						
	82						
	83						
	84						
	85						
	86						
	87						
	88						
	89						
	90						
	91						
	92						
	93						
	94						
	95						
	96						
	97						
	98						
	99						
	100						

Final	Original	Date					
	101						
	102						
	103						
	104						
	105						
	106						
	107						
	108						
	109						
	110						
	111						
	112						
	113						
	114						
	115						
	116						
	117						
	118						
	119						
	120						
	121						
	122						
	123						
	124						
	125						
	126						
	127						
	128						
	129						
	130						
	131						
	132						
	133						
	134						
	135						
	136						
	137						
	138						
	139						
	140						
	141						
	142						
	143						
	144						
	145						
	146						
	147						
	148						
	149						
	150						

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)